FLWEMS Paramedics Neonatal & Pediatric Protocol for the Management of:
PAIN & DISCOMFORT

Specific Reference(s)
AR 190-59
AR 40-3
USA MEDDAC Pam 40-46
USA MEDDAC Pam 40-48
USA MEDDAC Reg 40-19
FLWEMS SOP: Pharmaceutical Supplies & Controlled Substance Access Procedures

Indications
To outline the paramedic care and management of the neonatal/pediatric patient with pain associated with the skeletal, head, chest, abdominal and burn trauma, and/or medical conditions not included in exclusion criteria.

Contraindications

1. Allergies and/or adverse reactions to **Morphine Sulfate** (MSO4).

2. Absolute or impending hypovolemic shock.

Procedure

1. Secure an airway as outlined in FLWEMS Paramedics Neonatal & Pediatric Protocol for the Management of Airway & Ventilation and administer supplemental **Oxygen** as needed. Intubate neurologically depressed patient to prevent aspiration.

2. Apply cardiac monitor, pulse oximetery and/or capnometery as needed.

3. Utilize the "Broslow Tape" system for procedure and medication administration guidelines.

4. Establish IV or IO access.

5. IV Bolus **0.9% NaCL** at a rate of 20mL/kg.

6. Assess for definite or probable pain, noting:

   a. Onset events and/or possible origin or mechanism of pain/discomfort.

   b. Provocation/palliation of pain/discomfort.

   c. Quality of pain, i.e. sharp, stabbing, dull, crushing, squeezing, pressure, etc.

   d. Region and radiation of pain/discomfort.

   e. Rate pain on pain scale *(Numeric, Wong-Baker Faces, FLACC, or Objective Pain Scale IAW USA MEDDAC Pam 40-48.)*

   f. Time of onset of pain/discomfort.

   g. Any other complaints, signs or symptoms that may be associated with the patient's pain/discomfort.

7. Continuously monitor patient's vital signs.

8. Contact medical control and consider administration of:

   a. **Morphine Sulfate** (MS04) 0.1-0.2mg/kg IM or IVP every 5-10 minutes as needed titrated to stable SBP for patient's age.

NOTE: As a "Standing Order" paramedics may administer up to 2mg Morphine Sulfate IVP for obvious orthopedic compromises and/or second or third degree burns prior to contacting Medical Control.

9. Monitor for adverse reactions including sedation, hypotension, nausea and/or vomiting, respiratory depression.

10. Be prepared to secure airway, assist ventilations and administer narcotic antagonist medication in the event of respiratory depression or failure as a result of analgesic medication administration.

a. **Naloxone HCl** (Narcan) 0.01mcg/kg IV, IM, SQ, or ET.

b. Be aware of possible combative behavior post administration.

11. Be prepared to secure airway and administer antiemetic medication in the event of acute nausea and vomiting as a result of analgesic medication administration.

a. Children > 2 years of age **Promethazine Hydrochloride** (Phenergan) 0.25-0.5mg/kg IM.

(1) Be aware of possible sedative or narcotic potentiation as a result of this medication.

(2) In the event of excessive sedation as a result of **Promethazine Hydrochloride** (Phenergan) administration, provide the following care:

(a) Secure airway as per Airway and Ventilation Protocol and provide supplemental **Oxygen** *(O2)* as needed.

(b) Discontinue the administration of analgesic and analgesic medications immediately.

(c) Provide supportive care as needed.

b. Children 2-12 years of age **Ondansetron** (Zofran) 0.1mg/kg (≤40kg) or 4mg IV if ≥40kg given ≥30 seconds.

12. Transport to appropriate Emergency Department.

13. Contact medical control for further orders as needed.

Documentation

1. Documentation of controlled substance expenditures will be made IAW USA MEDDAC Pam 40-46.

a. Each time a controlled substance is administered in a patient care area, complete information will be recorded as to the disposition of the substance on DA Form 3949. The day, hour, patient's name, initial, and last name of the health care provider who ordered the medication, signature of the individual administering the substance, and the accountable unit of the substance dispensed will be entered. The amount expended will then be subtracted from the amount shown in the "balance" column and the new balance will be recorded in the "balance" column. All amounts will be recorded in Arabic numbers. Roman Numerals are not acceptable. In cases where the accountable unit is designated in milliliters (ml), any fractional amount used will be recorded as a decimal fraction.

b. In cases where the dose administered is a fraction of the accountable unit for the drug, the dose administered will be placed in parentheses before the number of units indicted in the "expenditure" column. For example, "(10mg) 1" would indicate that one cartridge-needle unit of morphine sulfate injection, 15mg (15 milligrams), had been expended but that only 10mg was administered.

c. In addition to the above documentation, controlled substances administered by FLWEMS personnel in the pre-hospital environment are documented on the Paramedic Patient Report Form. Time of administration, medication, dose and route are recorded in the medication record. Ordering physician and medication effectiveness (or lack thereof) is recorded in the S.O.A.P. notes.

d. When controlled substances are removed from the ER Pyxis for use during transport of an ER patient to another facility, any unused portions of the medication must be returned to GLWACH by the administering paramedic. Controlled substances will then be wasted in Pyxis IAW USA MEDDAC Reg 40-19, APPENDIX B, Para 4i-j. A printed Pyxis receipt will be attached to FLWEMS Pyxis Report and placed with the Paramedic Patient Report Form.

2. In case of accidental destruction, damage, or contamination of controlled substances, entries to DA Form 3949 are to be made IAW USA MEDDAC Pam 40-46.

a. If a single dose of a controlled substance is accidentally destroyed, damaged, or contaminated during the preparation for administration, a record of the fact will be made on the DA Form 3949. Record will include the date, amount of the drug, brief statement of the circumstances, new balance, the signature of the person making the entry, and the signature of the person verifying the occurrence for hospital clinics.

CAIRA/Chemical Surety Considerations
None

Triage Considerations
Refer to S.T.A.R.T. Triage Protocol

END OF SOP – NOTHING FOLLOWS